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PTO/SB/21 (12-97)

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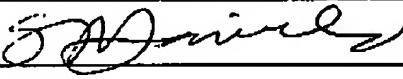
CENTRAL FAX CENTER**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/148,932	JUL 06 2005
	Filing Date	December 30, 2003	
	First Named Inventor	Claude AUGER	
	Group Art Unit	3714	
	Examiner Name	Carolyn T. Blake	
Total No. of Pages in this Submission: 8	Attorney Docket Number	THOLAM P221US	

ENCLOSURES (check all that apply)

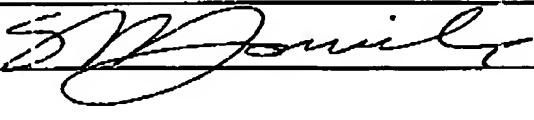
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
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REMARKS**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Scot A. Daniels DAVIS & BUJOLD, PLLC.	Reg. No. 42,462
Signature		
Date	July 6, 2005	

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO on July 6, 2005.

Type or printed name	Scott A. Daniels
Signature	
Date: July 6, 2005	

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Claude AUGIER
Serial no. : 10/748,932
Filed : December 30, 2003
For : METHOD AND APPARATUS FOR REDUCING
DAMAGE TO A CIRCULAR SAW BLADE ON A
DELIMBING MACHINE

Group Art Unit : 3724
Examiner : Carolyn T. Blake
Docket : THOLAM P2:1US

The Commissioner for Patents
U.S. Patent & Trademark Office
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JUL 06 2005

RESPONSE

Dear Sir:

[XXX] NO FEES ARE PAYABLE WITH RESPECT TO THIS RESPONSE.

In response to the official action mailed April 6, 2005, please enter the following before reconsideration of this application.

In the Claims:

Please amend claim 4 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout or brackets. Please enter the amended claims into the record of this case.